

**APRN  
Reactivation**

**Texas Board of Nursing**

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944

Phone: 512-305-7400

Web Site: <http://www.bon.state.tx.us>

For Office Use Only:

Amount \_\_\_\_\_

Date Recd \_\_\_\_\_

**Reactivation Application for Recognition as an Advanced Practice Nurse**

For those nurses whose authorization to practice as an Advanced Practice Nurse in Texas is inactive or delinquent

- Must submit:
1. Required Fee: **\$60.00**
  2. Copies of Continuing Education Certificates or Supporting Documents--please see instructions
  3. Copy of current national certification, if required
  4. Copy of current RN license from Compact State, if applicable

1. Name(Last): \_\_\_\_\_ (First): \_\_\_\_\_ (M): \_\_\_\_\_  
Legal documentation is required for a name change

2. RN License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

3. \_\_\_\_\_  
(Address) (City) (State/Country) (Zip/Postal Code)  
\_\_\_\_\_  
(E-Mail Address) (Telephone Number)

4. Indicate the name of the APRN title you wish to have reactivated (see last page for titles): \_\_\_\_\_

5. Indicate the month and year you last functioned in the above advanced role and specialty: \_\_\_\_\_

6. If you have practiced at least 400 hours within the advanced role and specialty listed above within the past 2 years, list the name of the preceptor/employer where you obtained the required hours of clinical practice in the role you wish to reactivate. If you had more than one preceptor/employer, use a separate sheet to list the following information:

Name of Preceptor/Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Full Address \_\_\_\_\_

Role In Which You Practiced \_\_\_\_\_ Clinical Area of Practice \_\_\_\_\_

7. \_\_\_\_ Yes \_\_\_\_ No I wish to reactivate my Prescriptive Authority (if applicable).

8. \_\_\_\_ Yes \_\_\_\_ No I have completed 20 contact hours of continuing education in the advanced role and specialty listed above (and an additional five (5) contact hours in pharmacotherapeutics if reactivating prescriptive authority) within the last two years in accordance with the continuing education rules. If yes, enclose a copy of CE certificate(s).

9. \_\_\_\_ Yes \_\_\_\_ No I have completed 400 hours of current practice in the above advanced role and specialty within the past two years.

10. \_\_\_\_ Yes \_\_\_\_ No Do you hold current national certification in the above advanced role and specialty? If yes, enclose a copy of your national certification card bearing an expiration date. If you graduated after 12/31/95, you must be certified or have completed the requirements for waiver.

11. In accordance with the Nursing Practice Act, section 304.001, art. 4 and 22 TAC §220.2, I declare that the State listed below is my primary state of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)

Primary State of Residence: \_\_\_\_\_

12. Upon licensure in Texas, in which state(s) do you intend to practice? \_\_\_\_\_

13. ☐ **No** ☐ **Yes** Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:
- A. been convicted of a misdemeanor?
  - B. been convicted of a felony?
  - C. pled nolo contendere, no contest, or guilty?
  - D. received deferred adjudication?
  - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
  - F. been sentenced to serve jail or prison time? court-ordered confinement?
  - G. been granted pre-trial diversion?
  - H. been arrested or any pending criminal charges?
  - I. been cited or charged with any violation of the law?
  - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial or renewal licensure application.)

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

**NOTE: Orders of Non-Disclosure:** Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about that criminal matter.

14. ☐ **No** ☐ **Yes** Are you currently the target or subject of a grand jury or governmental agency investigation?
15. ☐ **No** ☐ **Yes** Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a nursing license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? (You may exclude disciplinary actions previously disclosed to the Texas Board of Nursing on an initial or renewal licensure application.)
16. ☐ **No** ☐ **Yes** In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)
17. ☐ **No** ☐ **Yes** In the past 5 years, have you been addicted or treated for the use of alcohol or any other drug? (You may answer "no" if you have completed and/or are in compliance with TPAPN)

**\*NOTE: IF YOU ANSWERED "YES" TO #13-17 PLEASE REFER TO INSTRUCTIONS**

18. I attest that I understand & meet all the requirements to practice for the type of renewal requested, as listed in 22 TAC, §216(CE). I have met the requirements as stated in Rule 221; and I have read and will abide by the rules and regulations related to Advanced Practice Nurses as specified in Rule 221. Further, I understand that it is a violation of the 22 TAC, §217.12(6)(I) and the Penal Code, sec. 37.10, to submit a false statement to a governmental agency.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

(SIGNATURE REQUIRED)

## Reactivation Application for Recognition as an Advanced Practice Nurse

This form is for reactivation of APRN authorization for those RNs. who were previously authorized as an Advanced Practice Nurse in the state of Texas and who currently have an inactive or delinquent APRN authorization in Texas. Please see Rule 221.8 and 221.10 to review the requirements for reactivation and maintaining authorization as an APRN. You must reactivate to the same title that you previously held. If you have additional questions, please contact the APRN office at 512-305-6843 or by email at [apn@bon.state.tx.us](mailto:apn@bon.state.tx.us).

If you have not practiced within your advanced role and specialty for at least 400 hours within the past two years, you are not eligible to complete this form. Please review the APN Refresher Course/Extended Orientation Information that is available on the Advanced Practice section of the Texas Board of Nursing website: <http://www.bon.state.tx.us>

1. **Print legibly in black ink.** Answer all questions and statements (do not leave any blanks).
2. **Attach** the appropriate fee.
3. If you currently hold a valid RN license in a state that has entered the Nurse Licensure Compact (also referred to as party state) and permanently reside in the party state, please **attach a copy of your RN license from the party state**. Please be advised that the Compact privilege only extends to those nurses who permanently reside in the party state. If you move to Texas or your primary state of residence changes, you may need to obtain a Texas RN license. If you have questions regarding whether you need to obtain a Texas RN license, please contact the Board office at (512) 305-7400 during normal business hours.
4. You must **attach a copy of your continuing education certificates**. Do not send the originals as they will not be returned to you. The continuing education rules require anyone who wishes to reactivate APN authorization to show evidence of having completed 20 contact hours of acceptable continuing education targeted for the advanced role and specialty with the two years immediately preceding the application for reactivation. If you are reactivating your prescriptive authority, an additional five (5) contact hours must be completed in pharmacotherapeutics. **Nurse Anesthetists:** Please note that we are unable to accept a copy of the AANA continuing education transcript or a copy of your Council on Recertification card as proof of continuing education.
5. If you completed your advanced educational program after 12/31/95, you must **attach a copy of your current national certification in the advanced role and specialty for which you are requesting reactivation**. This requirement may be waived only when there is no certification exam in your advanced specialty and no alternate exam has been recognized by the Board. The waiver must be requested in writing.
6. Once the application and all the required supporting documents have been received in the Board office, at least 10 business days are needed to process your application. **We are unable to process incomplete applications; therefore, it is your responsibility to ensure all the questions are answered, all the required documents are enclosed, and your address is correct.**

### PRIMARY STATE OF RESIDENCE

Primary state of residence is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile. For more information regarding the compact, visit our web site at <http://www.bon.state.tx.us> or the National Council of State Boards of Nursing's web site <http://www.ncsbn.org>

### NAME CHANGE

For a name change, you must submit a copy of the legal documentation, e.g., marriage license, notarized statement or divorce decree that states the name change. Please indicate how the name is to appear on the license.

**If you answered yes to questions 13-17 of the Eligibility Questions on page 2, you must provide the Board with the following information:**

**QUESTION #13.** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. In addition, SUBMIT the following documentation for **all** felonies and for misdemeanors that are less than (10) years old:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(Contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies regarding this documentation.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct", or without a requirement to register as a sex offender.

If you have questions regarding the outcome of any criminal matter, consult your attorney.

**QUESTION #14.** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if an licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

**QUESTION #15.** The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

**QUESTION #16.** The practice of professional nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated or hospitalized for any of the above illnesses within the last 5 years, SUBMIT:

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice professional nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

\*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

QUESTION #17. The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance; and
4. a personal letter of explanation with sobriety date and plans for relapse prevention.

\*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

## **APN Titles/Specialties:**

Nurse Anesthetist (CRNA)

Nurse-Midwife

Nurse Practitioner:

- Acute Care Adult
- Acute Care Pediatric
- Adult
- Family
- Gerontological
- Neonatal
- Pediatric
- Psychiatric/Mental Health
- Women's Health
- Other (must specify specialty area)

Clinical Nurse Specialist

- Adult Health/Medical-Surgical Nursing
- Community Health Nursing
- Critical Care Nursing
- Gerontological Nursing
- Pediatric Nursing
- Psychiatric/Mental Health Nursing
- Other (must specify specialty area)